

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1951

State File No. 42478  
Registrar's No. 10988

BIRTH NO. _____		REG. DIST. NO. 218		PRIMARY REG. DIST. 1002		Registrar's No. 10988	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>11 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>		<u>2059</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>319 ROSEDALE</u>				d. STREET ADDRESS (If rural, give location) <u>319 ROSEDALE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTIN</u>		b. (Middle) <u>E.</u>		c. (Last) <u>KNOBLOCH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 23RD, 1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Sept. 3, 1895</u>	
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Church Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Moberly, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry Knobloch</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Andrews</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Hahn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World #1</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edna Knobloch 319 Rosedale, St. Louis, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PRIMARY CARCINOMA OF RIGHT LUNG</u> INTERVAL BETWEEN ONSET AND DEATH <u>14 MONTHS</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>162X</u>			
22. I hereby certify that I attended the deceased from <u>NOVEMBER 16, 1950</u> , to <u>DECEMBER 23, 1950</u> , that I last saw the deceased alive on <u>DECEMBER 22, 1950</u> , and that death occurred at <u>11:35 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clavin A. Bannick, M.D.</u>		23b. ADDRESS <u>763 N. Hanley Road</u>		23c. DATE SIGNED <u>12-23-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 27, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>DEC 24 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lacater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Burke</u>		ADDRESS <u>East St. Louis, Ill</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MISSOURI  
ST. LOUIS  
214 KENNEDY  
MARTIN E  
WHITE  
THAYER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Chas M. Burke*

Signed .....  
Student Embalmer

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

*Chas M. Burke*